

LEESYLVANIA STATE PARK APPLICATION FOR LEE'S LANDING PICNIC AREA RESERVATION

| Name of Party or Organization: Type of Event: | | | |
|---|---|--------------------------------|-----|
| | | Party Size: Peop | ble |
| | | Desired Date of Reservation: _ | |
| Day of Week: Sun Mon Tues | Month Day Year Wed Thur Fri Sat Volleyball Net? \$10 fee Yes No | | |
| Contact Person: | Phone Number: | | |
| Reservation Fee: \$57.75 Reservation fee includes 5% sales tax. Payment in full must accompany this application. Checks or money orders must be made payable to the <i>Treasurer of Virginia</i> . Members of the above party are not exempt from park entrance fees or other fees for services or | | | |
| Virginia State Park regulations | ee is \$4.00 per car on weekends, \$3.00 per car on weekdays. All apply. Refunds on reservations should be requested at least two a date and are subject to a \$10.00 cancellation fee. | | |
| Mail Reservation and Fee to: | Leesylvania State Park 2001 Daniel K. Ludwig Dr. Woodbridge, VA 22191-4504 | | |
| Applicant's Name: | | | |
| Address: | | | |
| Home Phone: | Business Phone: | | |
| Signature: | Date: | | |
| ** Applications accepted first co | me, first serve. Confirmation upon receipt of payment. | | |
| Approval: | Date Paid: | | |